NORTHERN DISTRICT OF NEW YORK	
JAYME R.,	
Plaintiff,	
v. COMMISSIONER OF SOCIAL SECURITY,	8:21-CV-1002 (ML)
Defendant.	
APPEARANCES:	OF COUNSEL:
SCHNEIDER & PALCSIK Counsel for the Plaintiff 57 Court Street Plattsburgh, New York 12901	MARK A. SCHNEIDER, ESQ.

MIROSLAV LOVRIC, United States Magistrate Judge

SOCIAL SECURITY ADMINISTRATION

Counsel for the Defendant 6401 Security Boulevard Baltimore, Maryland 21235

ORDER

MOLLY CARTER, ESQ. Special Assistant U.S. Attorney

Currently pending before the Court in this action, in which Plaintiff seeks judicial review of an adverse administrative determination by the Commissioner of Social Security, pursuant to 42 U.S.C. § 405(g), are cross-motions for judgment on the pleadings. Oral argument was heard in connection with those motions on March 3, 2023, during a telephone conference conducted on

This matter, which is before me on consent of the parties pursuant to 28 U.S.C. § 636(c), has been treated in accordance with the procedures set forth in General Order No. 18. Under that General Order once issue has been joined, an action such as this is considered procedurally, as if cross-motions for judgment on the pleadings had been filed pursuant to Rule 12(c) of the Federal Rules of Civil Procedure.

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the record. At the close of argument, I issued a bench decision in which, after applying the

requisite deferential review standard, I found that the Commissioner's determination was

supported by substantial evidence, providing further detail regarding my reasoning and

addressing the specific issues raised by Plaintiff in this appeal.

After due deliberation, and based upon the Court's oral bench decision, which has been

transcribed, is attached to this order, and is incorporated herein by reference, it is

ORDERED as follows:

1) Plaintiff's motion for judgment on the pleadings (Dkt. No. 11) is DENIED.

2) Defendant's motion for judgment on the pleadings (Dkt. No. 15) is GRANTED.

3) The Commissioner's decision denying Plaintiff Social Security benefits is

AFFIRMED.

4) Plaintiff's Complaint (Dkt. No. 1) is DISMISSED.

The Clerk of Court is respectfully directed to enter judgment, based upon this 5)

determination, DISMISSING Plaintiff's Complaint in its entirety and closing this case.

Dated: March 7, 2023

Binghamton, New York

Miroslav Lovric

United States Magistrate Judge

Viroslav Farie

Northern District of New York

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UNITED STATES DISTRICT COURT

NORTHERN DISTRICT OF NEW YORK

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J.R.

vs.

8:21-CV-1002

COMMISSIONER OF SOCIAL SECURITY

Transcript of Decision and Order

March 3, 2023

via Teams Teleconference

The HONORABLE MIROSLAV LOVRIC Presiding.

APPEARANCES

For Plaintiff: Mark Schneider, Esq.

For Defendant: Molly Carter, Esq.

Ruth I. Lynch, RPR, RMR, NYSRCR Official United States Court Reporter Binghamton, New York 13901

THE COURT: And so the Court begins its reasoning, analysis, and decision as follows:

Plaintiff here in this matter has commenced this proceeding pursuant to 42 United States Code Section 405(g) to challenge the adverse determination by the Commissioner of Social Security finding that he was not disabled at the relevant times and therefore ineligible for the benefits that he sought.

By way of background, the Court begins as follows: Plaintiff was born in 1981 and is currently 41 years of age. He was 36 years old at the alleged onset of his disability on October 1 of 2018. The Court notes that the ALJ denied Plaintiff's request to amend the alleged onset date to February 25 of 2019. Plaintiff has not challenged that denial here on appeal.

At the time of his administrative hearing on February 25th, 2021, Plaintiff lived with his wife and his mother. He had a 14-year-old son who did not reside with Plaintiff.

Plaintiff stands approximately 5 feet 9 inches in height and weighs approximately 195 pounds.

Plaintiff is a high school graduate who attended regular education classes and also completed courses in electrical installation and design. Plaintiff's work history included laborer positions in construction,

forestry, and manufacturing.

Procedurally the Court notes as follows, as far as this case is concerned. Plaintiff applied for Title II benefits on December 16, 2019, alleging an onset date of October 1, 2018. In support of his claim for disability benefits, Plaintiff claims disability based on type 1 diabetes, cirrhosis of the liver, depression, anxiety, bipolar disorder, and also intermittent rage disorder.

Administrative Law Judge Asad M. Ba-Yunus conducted a hearing on February 25th of 2021 to address Plaintiff's application for benefits. ALJ Ba-Yunus issued an unfavorable decision on March 12th of 2021. That decision became the final determination of the Agency on September 9th, 2021, when the Appeals Council denied Plaintiff's request for review.

This action was commenced on September 10, 2021, and it is therefore timely.

In his decision, ALJ Ba-Yunus first determined that Plaintiff met the insured status requirements of the Social Security Act through December 31, 2020, and then the ALJ applied the familiar five-step test for determining disability.

At step one, the ALJ concluded that Plaintiff had not engaged in substantial gainful activity from his alleged onset date of October 1, 2018, through the date of the last

insured.

At step two, ALJ Ba-Yunus concluded that Plaintiff had the following severe impairments through the date last insured, those impairments being attention deficit hyperactivity disorder, anxiety disorder, depression, substance abuse disorder in remission, diabetes, and liver cirrhosis.

At step three, ALJ Ba-Yunus concluded that through the date last insured, Plaintiff did not have an impairment or combination of impairments that met or medically equalled the severity of one of the listed impairments in 20 CFR Sections 404.1520(d), also 404.1525, and 404.1526, and the ALJ focusing on listing 5.05 which deals with chronic liver disease, 12.04 which deals with depressive, bipolar, and related disorders, listing 12.06 which deals with anxiety and obsessive compulsive disorders, and listing 12.11 which deals with neurodevelopmental disorders.

The ALJ also considered whether Plaintiff's diabetes met or medically equalled a number of listings in accordance with Social Security Ruling (SSR) 14-2p.

Next, the ALJ determined that through the date last insured, Plaintiff had the residual functional capacity to perform less than the full range of light work.

Specifically, Plaintiff, pursuant to the ALJ's decision, Plaintiff was limited to unskilled, simple, and routine

tasks, could tolerate occasional changes to a routine work setting, and could have occasional interaction with the general public. The ALJ based his RFC determination in part on the persuasive opinions of state agency consultants

Dr. Putcha, Dr. Siddiqui, Dr. Walker, and Dr. Hennessey, as well as those portions of the partially persuasive opinions of Consultative Psychiatric Examiner Dr. Brett Hartman and Nurse Practitioner Sarah Howell supporting moderate physical and mental functional limitations. The ALJ rejected the opinion of Consultative Examiner Dr. Rita Figueroa that Plaintiff had no physical limitations as inconsistent with the broader medical record, but the ALJ considered

Dr. Figueroa's objective examination findings as part of the RFC analysis.

At step four, the ALJ relied on the vocational expert testimony to determine that Plaintiff was capable of performing past relevant work as an assembler of electrical accessories as that job was generally performed. Again relying on the vocational expert testimony, the ALJ made the alternative finding that, considering Plaintiff's age, education, work experience, and residual functional capacity through the date last insured, the ALJ concluded that there were jobs that existed in significant numbers in the national economy that Plaintiff could have performed. More specifically, the vocational expert testified that Plaintiff

could have performed the requirements of representative occupations such as small products assembler, housekeeping cleaner, and routing clerk. Accordingly, the ALJ found that Plaintiff was not disabled from the alleged onset date through the date last insured.

Turning now to the plaintiff's arguments in this case. Now, as the parties know, this Court's functional role in this case is limited and extremely deferential. The Court must determine whether correct legal principles were applied and whether the determination is supported by substantial evidence, which is defined as such relevant evidence as a reasonable mind would find sufficient to support a conclusion. As the Second Circuit noted in Brault V. Social Security Administration Commissioner, found at 683 F.3d 443, a 2012 case, and therein the Second Circuit stated the standard is demanding, more so than the clearly erroneous standard. The Court in Brault noted that once there is a finding of fact, that fact can be rejected only if a reasonable fact-finder would have to conclude otherwise.

Plaintiff in this case raises several arguments and contentions. First, Plaintiff argues that the ALJ erred at step two by not finding Plaintiff's chronic pain syndrome to be a severe impairment. Plaintiff also argues that the ALJ failed to properly evaluate the medical opinion

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evidence. Plaintiff also argues that the ALJ erred by failing to find that Plaintiff met or medically equalled a listed impairment. And Plaintiff also argues that the ALJ failed to adequately credit Plaintiff's testimony regarding his functional limitations.

The Court begins its analysis and reasoning and ultimate decision as follows:

First, this Court finds that the ALJ's step two determination was, in fact, supported by substantial evidence for the reasons set forth in Defendant's brief, and the Court adds the following analysis. Plaintiff did not meet his burden of establishing that his diagnosed chronic pain syndrome rose to the level of a severe impairment because Plaintiff did not identify any record evidence showing the impairment imposed significant physical or mental functional limitations. It is well established that a mere diagnosis does not establish the severity of the impairment. Moreover, even if the ALJ had erred in excluding chronic pain syndrome as a severe impairment, such error would be harmless, as the ALJ's RFC analysis included a thorough review of Plaintiff's physical and mental health treatment history that he reasonably characterized as "unremarkable" and "benign." In particular, this Court notes that multiple mental health progress reports indicate that Plaintiff's chronic pain syndrome was "managed" with

his current treatment protocol. See administrative transcript at 681, 685, 689, and 888.

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Next, similarly, for the reasons set forth in Defendant's brief, the Court finds that substantial evidence supports the ALJ's evaluation of the medical opinion evidence addressing Plaintiff's physical and mental impairments, and the Court adds the following analysis. Plaintiff contends that the ALJ inappropriately rejected the most restrictive portions of the relevant medical opinions, namely psychiatric -- Psychiatric Consultative Examiner Dr. Hartman's opinion that Plaintiff had moderate to marked limitations with regard to using reason and judgment, sustaining concentration, and regulating his emotions, and also the treating Nurse Practitioner Sarah Howell's opinion that Plaintiff had marked limitations in interacting with others and adapting to the workplace. In formulating Plaintiff's RFC, the ALJ was not required to accept every limitation in the various medical opinions, nor was the ALJ required to craft an RFC mirroring a particular opinion. Here, the ALJ reasonably evaluated the persuasiveness of the various opinion evidence by comparing the opinions to the longitudinal medical record and found no support for such marked restrictions in the consultative examination results, treatment notes, or Plaintiff's daily activities.

Because the ALJ's evaluation of the persuasiveness

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of these medical opinions was supported by substantial evidence, this Court necessarily rejects Plaintiff's contention that the ALJ should have found that the restrictive limitations opined by Dr. Hartman and Nurse Practitioner Howell render Plaintiff per se disabled pursuant to listings 12.04, 12.06, 12.07, and 12.15.

Next, Plaintiff further contends that the ALJ mischaracterized the opinion of Licensed Medical Social Worker David Rasmussen, who provided counseling to Plaintiff. This argument does not present grounds for remand. LMSW Rasmussen's opinion is a one-paragraph narrative, narrative summary of Plaintiff's medical history but does not identify any particular mental or physical functional limitations. See transcript administrative record 862, at page 862, I should say. To the extent that the ALJ did not accurately describe Mr. Rasmussen's opinion that Plaintiff's mental impairments impacted his physical health and precluded any work at the current time, any error is harmless because such determination about the inability to work is reserved to the Commissioner. And the ALJ's decision otherwise demonstrates an appropriate evaluation of the record evidence addressing the combined effect of Plaintiff's mental and physical impairments.

Next, Plaintiff also contends that even if the ALJ had substantial evidence to support only moderate

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limitations with regard to maintaining attention and concentration that these limitations are not adequately addressed in the RFC determination. The Court rejects this argument, as it is well established that a limitation to unskilled light work consisting of unskilled and routine tasks with only occasional changes adequately addresses such limitations. Defendant's brief includes a number of cases within the Second Circuit upholding such an approach.

Finally, Plaintiff contends that the ALJ failed to adequately credit Plaintiff's testimony regarding his mental health limitations. Recognizing that a claimant's subjective description of his symptoms cannot alone establish disability and that a reviewing court must give great deference to the ALJ's assessment of hearing testimony, this Court finds that the ALJ marshalled substantial evidence to discount Plaintiff's testimony in the form of Plaintiff's daily activities, the medical opinion evidence, and the longitudinal treatment record showing improvement in Plaintiff's symptoms as he progressed with his medical treatment and sobriety. Although Plaintiff highlights evidence that may support his position, as long as the ALJ's position is supported by substantial evidence, which in this case it is, this court must affirm the Commissioner's disability determination.

Therefore, as a result of this analysis and the

reasoning set forth herein, Plaintiff's motion for judgment on the pleadings is denied. Defendant's motion for judgment on the pleadings is granted. Plaintiff's complaint is hereby dismissed. And the Commissioner's decision denying Plaintiff benefits is hereby affirmed. This constitutes the decision and the reasoning and analysis of the Court.